2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

| 1 DIACE OF THE | 71. | | H 2 TIGHT DECHASE | CE (HOME) OF DECEASEI | |
|--|--|--|--------------------------------------|---------------------------------------|-------------------------------------|
| 1. PLACE OF DEAT COUNTY HOWAT | . 3 | | STATE | (| COUNTY |
| Howar | Corporate limits, write RUR. | MARYLAND AL and LENGTH OF STAY | M_ryland | Horporate limite, write RURAI | ward |
| X TOWN EII | COIDOISTO ITHINGS, MILES TO THE | (in this place) | TOWN E1 | licott City | X |
| HOSPITAL OR INSTITUTION O STREET ADDRE | R Centennial La | ne | STREET ADDRESS C | (If rural, give loc entennial Lane | ation) |
| 3. NAME OF DECEASED (Type or Print) | (First) EDMUND LEE | (Middle) ANTHONY | (Last) | 4. DATE (Mor OF DEATH | nth) (Day) (Year) 7-14-1955 19 |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, | 8. DATE OF BIRTH | | Il under 1 year If under 24 hr |
| Male | White | WIDOWED, DIVORCED, (Specify) Married | 1-25-1895 | 60 yrs. | Months Days Hours Min. |
| done during most of | PATION (Give kind of work working life, even if retired) | 10h. KIND OF BUSINESS OR INDUSTRY | Shanghai .W | tate or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| Foreman 13. FATHER'S NAI | ME | Dairy(Cress) | 1 14. MOTHER'S MAI | DEN NAME | |
| Unknown | | | Mary Frye | | |
| 15 WAS DECRASED I | CUMP IN ITS ARMED FORCES | ? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT A | | |
| (Yes, no, or unknown) | (If yes, give war or dates (service) W W I | of ? | | lason, Washington | ,D.C. |
| | | 18. MEDICAL CE | RTIFICATION | | 1 |
| I. DISEASES OR C | ONDITIONS DIRECTLY | LEADING TO DEATH | | A | INTERVAL BETWEEN ONSET AND DEATH |
| 421 | | 2 | 20 | 0 # | · 4 |
| Immedia | | cente my oc | asocar is | ward | minules |
| | ent cause(s) | 3 previous | warets | | ance Exec |
| giving rise | to the above cause | | 10 | ^ | 7 |
| stating the | underlying cause last (c) | corenary o | theroxal | krozis | years |
| Conditions contrib | FICANT CONDITIONS buting to the death hut not case or condition causing deat | n noue ki | griphean | 1 | |
| 19a. DATE OF OPI | ERATION 19b. MAJOR I | FINDINGS OF OPERATION | V | | 20. AUTOPSY? |
| 1 | | | | | Yes No No |
| 21. ACCIDENT SUICIDE HOMICIDE | (Specify) PLA OF INJU | CE (Home, farm, factory, street, office hidg., etc.) | (CITY | OR TOWN) (CO | OUNTY) (STATE) |
| TIME (Month) OF INJURY | (Day) (Year) (Hour) | INJURY OCCURRED While at Not While Work At work | HOW DID INJURY | OCCURI | |
| | | e deceased from War | el 9 57, to A | l 1955 that 1 | last saw the deceased |
| / | | | 0 4 | | |
| | mre 15, 1955, an | d that death occurred at | m., from | the causes and on the | date stated above. |
| SIGNATURY | 1100. | (Degree or title) | ADDRESS | · 06 00 11 | A DATE SIGNED |
| Non | ald C. Tra | her alx | Elle | all lets, m | 4-7-16-55 |
| 23. BURIAL, CREA REMOVAL (Spe BURIAL | MATION DATE THERE | NAME OF CEMETE | CRY OR CREMATORY | Baltimore, Md | or county) (State) |
| DATE REC'D BY | | | 24. FUNERAL DIR | ECTOR | ADDRESS |
| REG. | 9-1-1 | 3. Loughau. | F.C. Higinbothom, Ellicott City, Md. | | |
| 72(4 / 8) | 1 July | of Contraction. | 17 10 111-1-100 | ,2222000 | |
| // | (Sec. 1 | 3.6.20 | 2.1.2 | | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age

VS. A15

JAMES TOPES

BUREAU V. S.

correct

| 53 | |
|------|--|
| 17.3 | |
| 10 | |
| I. | |
| V | |
| 2 | |
| | |
| V | |
| ŝ | |
| 5 | |

6739
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

OF D

06740 Reg. Dist.

| MEDICAL EXAMINER'S CER | TIFICATE OF DEATH | No. 19. |
|---|--|-------------------------------------|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY Howard MARYLAND | STATE Maryland COUNTY Howard | |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Ellicott City LENGTH OF STAY (in this place) | CITY (If outside corporate limits write RURAL and OR TOWN Woodbine | give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESSOLD Montgomery Road | STREET (If rural, give location) | 1 |
| 3. NAME OF (First) (Middle) DECEASED: | (Last) 4. DATE (Month) (Day |) (Year) |
| (Type or Print) RAYMOND | BECRAFT DEATH 7-20-55 | 19 |
| 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Married | P. AGE last birthday: IF UNDER 1 Y | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if ratired): Local Work work life, even if ratired is a control work work work work | R 11. BIRTHPLACE (State or foreign country): 12. Mryland | CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Raymond J.Becraft | Eliz. Phelps | |
| 15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of Service) 214-18-8965 | 17. INFORMANT & ADDRESS: Mrs.Sylvia Becraft, Woodbine, Md | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | AL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) Coron any au DUE TO | tery occlus, on | mon of it |
| Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO | | |
| stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? Yes □ No ▼ |
| 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc CAUSE OF DEATH. | (County) | (State) |
| 21d, TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While at Not while INJURY M, work \(\begin{array}{c ccccccccccccccccccccccccccccccccccc | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I took charge of the remains descri | bed above, held an Autopsy [], Inspection [] | Inquiry T, and |
| find that death resulted from: Natural causes 📆, Acci- | dent 🗌, Suicide 🔲, Homicide 🔲, Undefer | mined cause []. |
| Charles S. Whi Tako, A. Clarksville. Md. | CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. | 7-20-55 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): | RY OR CREMATORY LOCATION (City, town, or con | unty) (State) |
| Burial 7-22-55 Jennings (DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. | 24. FUNERAL DIRECTOR | ADDRESS |
| 7-20-25 John B. Loughou | C.M. Waltz, Winfield, Maryland | |
| July 2 d - 2 ~ (Per. 03. C. 20 | | |

Prince

Parantal M. Rennant

Slag. Furlige

his antideced, findenest garries set

7.80 - E-15

BUREAU V. S.

SSSI ST, WH

.bi.ellivenaef)

- Mr. second Liquid santonit Tr-xx-

basing a Print, whish, and

MARYLAND STATE DEPARTMENT OF HEALTH

6740

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No..... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Howard MARYLAND Ralto. CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN Clarks (in this place) Towson Clarksville TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS Hinkson Nursing Home ADDRESS 1622 Thetford Road 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED LOUIS (Type or Print) CTPOLIA 7-2-55 DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 2. AGE iast birthday | If under 1 year | If under 24 hrs. Months | Days Male Hours | Min. White 1-28-55 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired)
NONE INDUSTRY COUNTRY? B ltimore Md
14. MOTHER'S MAIDEN NAME None 13. FATHER'S NAME Salvator Salvator Cipolla
15. Was Deceased Ever In U.S. Armeb Forces? Ruth June 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of Salvator Cipolla. Tows on, Md None pervice) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Marasmus 4 months Immediate cause Antecedent cause(s) Mongolism congenital Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No 1 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bidg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 1955, to July 2, 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from May 4 alive on July 1955..., and that death occurred at 9:15...A. m., from the causes and on the date stated above. SIGNATURE (Degree or title) DATE SIGNED M.O. Clarksville, Maryland 23. BURIAL, CREMATION REMOVAL (Specify) BUTIAL NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) Ellicott Good Shepherd DATE REC'D BY LOCAL REG. 7-2-55 24. FUNERAL DIRECTOR ADDRESS F.C. Higinbothom . Ellicott City . Md.

of information carefully, death clearly and legibly. MARGIN RESERVED FOR BINDING Supply every item write the causes of c INK. PLAINLY, WITH UNFADING s especially important. Physicians:

correct

The

WRITE PLEASE VS. A15

BUREAU V. S.

SS61 9 701

BECEINED

| TYC | Sur |
|-------------------------|-----------------------------------|
| LON | INK |
| A TO | DING |
| NEOR | TINEA |
| HANGIN NESENTED FOR BIN | WITH |
|) | WRITE PLAINLY, WITH UNFADING INK. |
| } | WRITE |
| | OR |
| | ASE TYPE OR |
| | A A |
| | |

| | MARYLAND STATE DEPARTMEN | T OF HEALTH—BALTIMORE, 18 () | 6303 191 | | |
|-------------|---|---|--------------------------------------|--|--|
| | 6741 CERTIFICATI | E OF DEATH Reg. Dist. | No. | | |
| × | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED |): | | |
| gib | COUNTY HARTO . Boward MARYLAND | STATE Md. COUNTY | | | |
| le | CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL as | nd give nearest town) | | |
| and | OR and give nearest town) TOWN Ellicott City (in this place) | TOWN Baltimore | 3 VO1-4 | | |
| clearly | HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nurs. Ho. | STREET (If rural give location) ADDRESS 610 N. Monroe St. | V | | |
| | DECEASED: | | ny) (Year) | | |
| death | (Type or Print) ANNIE E. DIETH | DEATH: | 5, 1955 | | |
| of | female white Specify: widowed Jan. 5 | 9. AGE last birthday IF UNDER 1 YE | EAR IF UNDER 24 HRS. Bys Hours Min. | | |
| causes | TOAL USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT | | |
| cau | work done during most of working life. even if retired): Housewife at home | Penna. | COUNTRY? | | |
| the | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | | | |
| | John Hicken | Mary Ann Beckley | | | |
| write | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | | | |
| e | (Yes, no, or unk.) (If Yes, give war or dates of service) Mr. Clarence Russell - 7030 Bank St. | | | | |
| ns: please | 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33/ X IMMEDIATE CAUSE (A) Crelium | l Vosc. Acarilant corclerosi's Granduly it + Carellal | INTERVAL BETWEEN ONSET AND CEATH | | |
| Physicians: | ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO CA FEET DUE TO | orclerosi's Generaly it + Cerebral | | | |
| nt. | (C) | | | | |
| important. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| | 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | N | 20. AUTOPSY? | | |
| | | | (State) | | |
| is espe | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? | | | |
| | | 1957 to 2/25 1957 that I last | gaw the decessed | | |
| correct age | 22. I hereby certify that I attended the deceased from 6/15, 1957, to 7/25, 1957, that I last saw the deceased alive on 7/20, 1950, and that death occurred at M, from the causes and on the date stated above. SIGNATURE ADDRESS ADDRESS | | | | |
| COJ | 23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETI REMOVAL (SPECIFY) Burial 7/27/55 Western C | em. Balto, Md. | county) (State) | | |
| | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | FUNERAL DIRECTOR Jour | AGDRESS . Bully 17 Md | | |

THE SHOW THE PROJECT THE THE RESERVE AND SHEET STATES OF THE STATES O Addison State

CERTIFICATE OF DEATH

| | FOR MEDICAL | L EXAMINERS | Reg. Dist. N | 0. 192 |
|--|---|---|---|--|
| I. PLACE OF DEATH- COUNTY Howard CITY (If outside corporate limits, write RU | | STATE Maryla CITY (If outside corpo | (HOME) OF DECEASED- count Count Mon orate limits, write RURAL and gi | Lgomery ve nearest town) |
| TOWN give near Cleriwood HOSPITAL OR | 5 ^(In mins place) | TOWN Brink | | 5 X - 2. |
| INSTITUTION OR STREET ADDRESS Route 97 at | | ADDRESS | | <u></u> |
| 3. NAME OF (First) DECEASED (Type or Print) Gordon Alls | | (Last) | 4. DATE (Mooth) OF DEATH July | (Day) (Year) 30 1955 |
| male 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARTIEC | 8. DATE OF BIRTH 1/29/29 | 9. AGE last hirthday If under Months | l year If under 24 hrs Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of word done during most of working life, even if retired truck or iver | k 10b. KIND OF BUSINESS OR INDUSTRY | Maryland | | 2. CITIZEN OF WHAT COUNTRY? |
| John Hill | | Gladys Mat | | |
| 15. Was Deceased Ever In U.S. Armed Forci (Yes. no, or unknown) (If yes. give war or date service) World War | 16. SOCIAL SECURITY NO. | Mary C. Dors | ey (wife) | |
| I. DISEASES OR CONDITIONS DIRECTLY Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS | egree burns | | INTERVAL BETWEEN ONSET AND DEATE instant. | |
| Conditions contributing to the death but not related to the disease or condition causing de | | | | |
| 19a. DATE OF OPERATION 19b. MAJOR | FINDINGS OF OPERATION | | | Yes No X |
| PRIMARY A OR CONTRIBUTING OF | JURY TOAC INJURY OCCURRED | Glemmoo HOW DID INJURY O | town) (COUNTY d. Howard, Marylan CCUR? | (STATE) |
| INJURY July 30, 55-8 P.m. While at work truck ran into tree, caught on fire | | | | |
| 22. I certify that I took charge of the rem obtained by said Autopsy, Inspection from: natural causes ☐, accident SIGNATURE | or Inquiry, find that said dece I, suicide □, homicide □, (Degree or title) | ased died on the day star undetermined ☐. ADDRESS | ted above, and death in my | DATE SIGNED |
| 23. BURIAL CREMATION DATE THER REMOVAL Specify | | Clarksville, M | LOCATION (City town, or coun | 7/31/55 (State) |
| | S SIGNATURE | 24 FUNERAL DIRECT | de A D | ADDRESS |

BUREAU V. S.

S261 88 9NV

DECENAED

6743

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

| I. PLACE OF DEATH. | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|--|---|
| COUNTY MARYLAND | STATE Virginia COUNTY Fairfax |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give nearest town) |
| OR give nearest town) (in this place) TOWN Clarksville | TOWN Falls Church 83X-3 |
| HOSPITAL OR | STREET (If rural, give location) |
| 90 STREET ADDRESS Hinston Nursing Home | ADDRESS 6609 Glen Carlyn Drive |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| DECEASED (Type of Print) KATHLEEN MARY GAIPA | OF 7-19-55 19 |
| 5 SEY 1 6 COLOR OR RACE 17 SINGLE MARRIED. | 8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs |
| Female White SpecifySingle | 6-5-55 yrs. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| done during most of working life, even if retired) INDUSTRY NONE | Washington . D. C. COUNTEY? |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Joachim Gaipa | Frances Boczar |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
| (Yes, no, or unknown) (If yes, give war or dates of None | Joachim Gaipa, Falls Church, Va. |
| 18. MEDICAL CE | RTIFICATION |
| L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATE |
| HELL II | |
| Immediate cause (a) / with the longer | conjuntal hear disease, (conjunts |
| Immediate cause | |
| Antecedent cause(s) | inguntal hear disease (/ conjunts |
| | |
| stating the underlying cause last | dism) |
| (c) C/TTO-2-140047 | rus m |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | Yes No No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, | (CITY OR TOWN) (COUNTY) (STATE) |
| SUICIDE OF office bldg., etc.) HOMICIDE INJURY | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While | HOW DID INJURY OCCUR! |
| OF INJURY m. While at Not While Not W | |
| 7/1 | 2/19 005 |
| 22. I hereby certify that I attended the deceased from | 1955, to |
| alive on 7/15, and that death occurred at. | 4 3 A.m., from the causes and on the date stated above. |
| SIGNATURE (Degree or title) | ADDRESS DATE SIGNED |
| Charles S. Whitaker M.O. | (lode alle hed shaples |
| | 70933 |
| | CRY OR CREMATORY LOCATION (City, town, or county) (State) |
| REMOVAL (Specify) Burial 7-20-55 Arlington | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
| REG. 7-20.55 Marie a. Whitaker | F.C. Higinbothom, Ellicott City, Md |
| 9V6599V99V | |
| 9465794994 | 4.110 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARGIN RESERVED FOR BINDING

BUTEAU V. S. 1955 A. S

MARYLAND STATE DEPARTMENT OF HEALTH

6744

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE Howard MARYLAND Maryland LENGTH OF STAY CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Simpsonville (in this place) Simpsonville TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) Freetown Road ADDRESS Freetown Road 3. NAME OF (Middle) (First) 4. DATE (Month) 1955 (Year) DECEASED DEATH July CATHERINE JONES (Type or Print) 19 7. SINGLE, MARRIED, WIDOWED WILLOWCED, (Specify) WICOW 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last hirthday If under 1 year | If under 24 hrs Days | Hours | Min. Months Colored Aug 6,1892 Female 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country)
Simpsonville, Md 10h. KIND OF BUSINESS OR 12. CITIZEN OF WHAT None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Laura Bruce ohn W. Henson 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war or dates of service) Richard Jones, Simpsonville, Md None 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Cachexia 6. weeks 153% Immediate cause Antecedent cause(s) Carcinoma of colon vears -Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? carcimona of colon July 151 Yes | No D 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? Not While While at INJURY Work 1954 to July 1 ..., 19.55, that I last saw the deceased July 22. I hereby certify that I attended the deceased from... and that death occurred at 10:45 P.m., from the causes and on the date stated above. alive on July ADDRESS SIGNATURE (Degree or title) DATE SIGNED Clarksville, Md. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) Simpsonville, Md 7-5-55 Locust Chapel 24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Mandaless DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 7-5-55



of information carefully. death clearly and legibly. BINDING every item Supply ev INK. UNFADING 1 , WITH PLAINLY, is especially i

15

WRITE

PLEASE

BUREAU V. S.

SS61 .9 701

BECEINED

| | . Th | CERTIFICATI | E OF DEATH Reg. Dis | t. No. 191 |
|----------|----------------------------|---|--|--------------------|
| 1 | carefully. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | D: |
| 1 | carefull legibly. | Harrand | Damagari wang | |
| | leg | COUNTY HOWARD CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | STATE Pennsylvancounty You CITY(If outside corporate limits, write RURAL | |
| N/A | | OR and give nearest town) (in this place) | OR | 75 V 2 |
| was 15. | tio | X TOWN Ellicott City 4 days | Town York, Pa. | J X - U |
| M | information clearly and | HOSPITAL OR INSTITUTION OR PARTY Manor Hospital | STREET (If rural give location ADDRESS 215 Harding Court | rt 🗸 |
| | 温豆 | of Himse of | | (Day) (Year) |
| | m of i | DECEASED: (Type or Print) Edith M K: | auffman OF DEATH: Jily | 19 55 |
| | item of de | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE | OF BIRTH: 9. AGE last birthday IF UNDER | |
| | ite | Female White Windows Divorced, Specify Married June | 26.1893 62 yrs. Months | Days Hours Min. |
| | every | | | CITIZEN OF WHAT |
| 5 | causes | work done during most of working life, OR INDUSTRY: | Vanis Country | COUNTRY? |
| Z | ly c | even if retired Housewife Home | York County I | J. S. |
| BINDING | Supply te the c | | | |
| BII | Su | Frank Kaufiman | Arvilla Forrey | |
| 2 | K. wri | 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates | 17. INFORMANT & ADDRESS: | |
| FOR | | of service) | Charles Kauffman, York ,Pa. | |
| | C as | 18. MEDICAL CERTIFICAT | TION | INTERVAL BETWEEN |
| RESERVED | ZO | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| 'R | ADI s: | O26X IMMEDIATE CAUSE (A) Coronar | y Occlusion (prob luetic) | 5 min. |
| SE | 1F. | DUE TO | | |
| 2 X | UNF | ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) Tertian | 77 11105 | years |
| | TH | GIVING RISE TO THE ABOVE CAUSE DUE TO | y Lucs | 76620 |
| GI | | STATING UNDERLYING CAUSE LAST. | | |
| ARGIN | W. | (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| M | AINLY, Wimportant. | TO THE DEATH BUT NOT RELATED TO THE | S Tuos | Troope |
| | INLY | DISEASE OR CONDITION CAUSING DEATH. | .S. Lues | years |
| | . 7 | 194. DATE OF GERATION: 198. MAJOR FINDINGS OF GERATIO | | YES NO |
| I | RITE PI | 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | ctory. 21c. WHERE DID (City or town) (Court, etc. INJURY OCCUR? | nty) (State) |
| | 15 | OF INJURY OF INJURY M. 21E INJURY OCCURRED While Not while at work | D 21F. HOW DID INJURY OCCUR? | |
| | OR e is | 2 I hereby certify that I attended the deceased from ULLY | 5 1955 to July 9 19 55 that I lac | st saw the decease |
| 0 | 20 | | A. | |
| 5 | 0 | alive on July 9,, 19 55, and that death occurred at | ADDRESS ADDRESS | stated above. |
| 10 | | | | |
| 1 | SE | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET | A. D. Taylor Manor Hospital Pery or CREMATORY LOCATION COM. | or county) (State |
| 15 | ×. | REMOVAL (SPECIFY) | | |
| K | LE | burial 7-12-55 Prospect hi | | ADDRESS / |
| 5/2 | 4 | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 74. FUNERAL DIRECTOR | THOT |





BUREAU V. S.

AUG 23 1955

DECENAED

5747

Pu. B

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

Reg. Dist. No. /9/

1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTYWard Howard Maryland MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) OR givo nearest town) TOWN Ellicott City (in this place) Ellicott City TOWN HOSPITAL OR INSTITUTION OR STREET Old Frederick Road ADDRESS Old Frederick Road STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED OF 7-21-1955 (Type or Print) WILLTAM KERWIN HUMPHREY DEATH 19 6. COLOR OR RACE 7. SINGLE, MARRIED S. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. | Months | Days | Hours | Min. 5. SEX WIDOWED, DIVORCED White 2-4-1904 (Specify) Male 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, evon if retired)

Truck Operator

13. FATHER'S NAME INDUSTRY HO. COUNTRY? Virginia County 14. MOTHER'S MAIDEN NAME Susan Daniel Kerwin 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of NO service) Floyd Kerwin, Ellicott City, Md INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditiona, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not nuce related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No R 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY INJURY OCCURRED TIME (Month) HOW DID INJURY OCCUR? (Day) (Year) (Hour) While at Not While Work At work INJURY 19.55, to Many 19.55, that I last saw the deceased 22. I hereby certify that I attended the deceased from No. 15 A.m., from the causes and on the date stated above. ..., 1955, and that death occurred at aliveron Nana 2/ SIGNATURE (Degree or title) DATE SIGNED Sociald 1-22-53 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) Burial Ellicott City, Md Good Shepherd REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL ADDRESS F.C. Higinbothom, Ellicott City, Md. verg

death clearly and legibly. Supply every item write the causes of o FOR ARGIN RESERVED INK. UNFADING I , WITH UN PLAINLY, is especially i

WRITE

PLEASE

A15

Si

The

DEVEDUE 4 1955

BUREAU V. S.

age

PLEASE

| | t | CMAG | 77,7 |
|----------|-----------------------------------|--|--|
| | orrect | 5749 CERTIFICATE | OF DEATH Reg. Dist. No. 121 |
| | <u>ف</u> ه | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| | y. | COUNTY Haward MARYLAND | STATE Md COUNTY Haward |
| RA | efully. legibly. | CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) |
| IBS | d le | HOSPITAL OR | STREET (If rural, give location) |
| | n car | INSTITUTION OR STREET ADDRESS | Address |
| | of information death clearly a | 3. NAME OF (First) (Middle) DECEASED: (Type or Print) WALTER | (Last) 4. DATE (Month) (Day) (Year) OF DEATH: 7 8 1955 |
| | f infor | 5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, S. DATE OF WIDOWED, DIVORCED, (Specify): (Specify): | 9. AGE last birthday: If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| ING | 8 TO | 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 11, BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? |
| BINDING | ery i | 13. FATHER'S NAME: Inany | 14. MOTHER'S MATDEN NAME: J |
| FOR | Supply every | 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY No.: 17. 1 (Yes, no. or unk.) (If Yes give wer or dates of service) | ilder E. Kurse Manteniler Md |
| G | Su | 18. MEDICAL CE | ERTIFICATION INTERVAL BETWEEN |
| RESERVED | INK. | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.0 Immediate cause (a) | y Occlusion. ONSET AND DEATH |
| - | [5] | Antecedent cause(s) | Ceroti Keart Ris. 5m. |
| ARGIN | UNFADING Physicians: | Disenses or conditions, if nny, giving rise to the above cause stating underlying cause last | is of Balereerobeni 10 Mr. |
| 3 | DH | II. OTHER SIGNIFICANT CONDITIONS: | 0 - 1 |

WRITE PLAINLY, WITH age is especially important. 19n. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) SUICIDE HOMICIDE TIME (Month)

INJURY

Conditions contributing to the death but not related to the disease or condition causing death.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(Day) (Year) (Hour) INJURY OCCURRED While at Not while

work [

HOW DID INJURY OCCUR?

(CITY OR TOWN)

that I last saw the deceased 22. I hereby certify that I attended the deceased from alive on... DATE SIGNED SIGNATURE (DEGREE OR TITLE ADDRESS

MARVIAND STATE DEPARTMENT OF HEALTH RALTIMORE 19

NAME OF CEMETERY BURIAL, CREMATION DATE THEREOF MEMOVAL (Specify):

LOCATION (City, town, or county) (State)

DATE REON BY LOCAL REGISTRAR'S SIGNATURE

20. AUTOPSY Yes No

(STATE)

at work

BUREAU V. S.

SSGI II JOC

BECEIVED

INTERVAL ONSET AND 20. AUTOPSY? YES ! NO 21c. WHERE DID (City or town) (State) (County) \$231955, that I last saw the deceased M, from the causes and on the date stated above. LOCATION (City, town, or county). (State) OR CREMATORY CREMATION, DATE THEREOF BURIAL. 0 V PLE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(Year)

19 5

Hours

COUNTRY?

Reg. Dist. No.

(Day)

Months

0



105 27 1955

DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6750

CERTIFICATE OF DEATH

Reg. Dist. No....

| 1. PLACE OF DEATH. | | 2. USUAL RESIDENCE (H | HOME) OF DECEAS | BED. | | |
|---|---|--------------------------|--|------------------|-----------------------|---------|
| County | MARYLAND | STATE Maryland | | COUNTY | ward | |
| CITY (If outside corporate limits, write RUR | | CITY (If outside corpora | ate limits, write REF | AL and give r | nearest town) | |
| X TOWN give nearest town) idge - 27 R | mel Win this place) | TOWN Elkridg | ge -27. K | mal | X | |
| HOSPITAL OR | | STREET | (If rural, give | location) | | |
| STREET ADDRESS Waterloo Ro | bad | ADDRESS Waterl | loo Road | | / | |
| 3. NAME OF (First) | (Middle) | (Last) | | Month) (1 | Day) (| Year) |
| (Type or Print) THEODORE | NORMA | N | OF DEATH | 7-29-55 | | 19 |
| 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. | 8. DATE OF BIRTH | 9. AGE last birthda | y If under 1 y | ear If under | 24 hrs. |
| Male Colored | WIDOWED, DIVORCED, (Specify) Married | 1874 | 81 yrs. | Months D | ays Hours | Min. |
| 10a. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State o | r foreign country) | | | TAHW |
| done during most of working life, even if retired) | INDUSTRY | Virginia | | Con | OTPATION, | 5.00. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | | | |
| Unknown | | Unknown | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES | 7 16. SOCIAL SECURITY No. | 17. INFORMANT AND | ADDRESS | | | |
| (Yes, no or unknown) (If yes, give war or dates of NO | 01 215-12-4193 | Carrie Norman | ,Elkridge, | //d | | |
| | 18. MEDICAL CE | RTIFICATION | | | | - |
| I. DISEASES OR CONDITIONS DIRECTLY | LEADING TO DEATH | In A | A - | I, | NTERVAL BET | WEEN |
| 177 X | | - 5/ /2 -V | aVo | | O L | HTAN |
| Immediate cause (a) | armon | a of I was | | | 9 mo | 77. |
| | | 1 | | | | |
| Antecedent cause(s) Diseases or conditions, if any. (b) | | | | | | |
| giving rise to the above cause | | | >===================================== | **** | | |
| stating the underlying cause last | | V | | | | |
| (e) 11. OTHER SIGNIFICANT CONDITIONS | | | | | | |
| Conditions contributing to the death but not | | | | | | |
| related to the disease or condition causing deat | | 1 0 | | 1 | | |
| 19a. DATE OF OPERATION 19b. MAJOR 1 | FINDINGS OF OPERATION | -Teve | | 2 | O. AUTOPS | Y? |
| 11419134 1 Car | conome of h | orine | | | Yes 🗆 1 | Vo 🗆 |
| 21. ACCIDENT (Specify) PLA SUICIDE OF INJ | CE (Home, farm, factory street, office bldg., etc.) | (CITY OR T | 'OWN) | (COUNTY) | (STATE) | |
| TIME (Month) (Day) (Year) (Hour) | INJURY OCCURRED | HOW DID INJURY OC | CUR? | | | |
| OF INJURY m, | While at Not While Work At work | | | | | |
| INJURE III, | WORK O AL WORK | 1.0 | | | | |
| 22. I hereby certify that I affended the | e deceased from N.C. | , 195 4 to Much | 12995 Stha | t I last saw | the decea | sed |
| 11 July 27 1051 | Jahas Jarah Jas | - (1) | | | | A |
| signature | d that death occurred at (Degree or title) | ADDRESS FOR the | causes and on th | e date state | d above. DATE SIGN | then / |
| Sidna 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | - 17 144 5 | 1. 000 | 0 | 10. | OATE SIGN | Jess / |
| 1 State Comme | tugh M.D. | 247.8.8. MIL | mogs- | 6/ m | d. 1/3 | 3010 |
| 23. BURIAL, CREMATION DATE THERE | OF AME OF CEMETE | RY OR CREMATORY L | OCATION (City, to | va, or county) | (Stat | to) |
| REMOVAL (Specify) Rurial 7-30-55 | Gaines | | Elkridge, Md | | / | 1 |
| DATE REC'D BY LOCAL BEGISTRAR'S | SIGNATURE | 24. FUNERAL DIRECTO | R | | ADDRESS | |
| REG. 7-31-55 Man | eshylen | F.C. Higinbothon | m.Ellicott | City Md. | | |
| | | | | 1 1 2 2 2 2 | | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

NG S 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6751

CERTIFICATE OF DEATH

Reg. Dist. No. 191

| N | The o |
|---------|---|
| 78. A15 | PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The or |

| I. PLACE OF DEATH- COUNTY | 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY | | |
|---|---|--|--|
| Howard MARYLAND | STATE COUNTY Howard | | |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give nearest town) | | |
| OR give nearest town) (in this place) | Town Ellicott City | | |
| TOWN Ellicott City HOSPITAL OR | STREET (If rural, give location) | | |
| INSTITUTION OR | ADDRESS | | |
| STREET ADDRESS 11 Orchard Drive | 11 Orchard Drive | | |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) | | |
| (Type or Print) MAURICE W PALMER | OF DEATH 7-22-1955 19 | | |
| E COLOR OF PACE 12 SINGLE MARRIED | LE DATE OF RIDTH LO ACPIAN MINISTRALIAN IT AND ACCES | | |
| male white WIDOWED, DIVORCED WIDOWED, WIDOWET | | | |
| 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY WOODEN | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT | | |
| done during most of working life, even if retired) INDUSTRY WOODEN Primo Maker | Harney . Md | | |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | |
| | ? Gorsuch | | |
| George Palmer 15. Was Decreased Ever In U.S. Armed Forces? 16. Social Security No. | | | |
| 15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of | 17. INFORMANT AND ADDRESS | | |
| NO service) ? | Mrs. Irvan Ashby, Ellicott City, Md | | |
| 18. MEDICAL C | ERTIFICATION | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BUTWEEN | | |
| | ONSET AND DEATE | | |
| Immediate cause (a) Cardiac Ba | eleve. Jannechate | | |
| | | | |
| Antecedent cause(s) | | | |
| Diseases or conditions, if any, (b) | | | |
| stating the underlying cause isst | 0 11/ | | |
| (c) faremena | Might Jung. Irear | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | | | |
| related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 1 20. AUTOPSY? | | |
| 0 | V. D. W. D. | | |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street | CITY OR TOWN) (COUNTY) (STATE) | | |
| SUICIDE OF office bidg., etc.) HOMICIDE INJURY | (COUNTY) (COUNTY) (STATE) | | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? | | |
| OF While at Not While | 11011 212 1110111 0000111 | | |
| INJURY m. Work At work | | | |
| on Thombs until that I attended the decreed from b/12 | 1 1054 7/22/1055 | | |
| 22. I hereby certify that I attended the deceased from | 19, to 19, that I last saw the deceased | | |
| alive on 7/21/, 1955, and that death occurred at 4 A. m., from the causes and on the date stated above. | | | |
| SIGNATURIN (Degree or title) ADDRESS DATE SIGNED | | | |
| Mal: 14 cm O | all us of mi | | |
| Milliam 1- horaway /11.0. | Plant by 1100 7/22/55 | | |
| 23. BURIAL, CREMATION DATE PHEREOF NAME OF CEMET | ERY OR CREMATORY LOCATION (City, town, or county) (State) | | |
| REMOVAL (Specify) | (10,000) | | |
| | easant Gamber, Md. | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS | | |
| 7-25-55 John B. Loughan | F.C. Higinbothom, Ellicott City, Md | | |
| 10. 2 8 4 | | | |
| | | | |

BUREAU . Sees

MARYLAND STATE DEPARTMENT OF HEALTH

6753

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

07825

Reg. Dist. No. /99

| | loward | MARYLAND | 2. USUAL RESIDENCE STATE Maryland | Montgo | COUNTY |
|--|---|---|-----------------------------------|---|---|
| TOWN give nearest | orporate limita, write RUR. | LENGTH OF STAY (in this place) | OR TOWN Brink | rate limits, write RURA | L and give nearest town) |
| HOSPITAL OR INSTITUTION OF STREET ADDRE | R Route 97 at | Glenwood | STREET ADDRESS | (If rural, giva lo | ocation) |
| 3. NAME OF DECEASED (Type or Print) | Sylvester | (Middla) | (Last) | OF | onth) (Day) (Year) |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH | 9. AGE last birthday 28 yra. | If under I year If under 24 hrs. Months Days Hours Min. |
| done during mont of w | ATION (Give kind of work gorking life, even if retired) | 10h. Kind of Business on Industry Gardening | II. BIRTIPLACE (State | | 12. CITIZEN OF WHAT |
| Geor | ge Pratt | | Mary Done | | |
| (Yes, no, or unknown) | VER IN U.S. ARMED FORCES (If yes, give war or dates of service) World War | 7 16. SOCIAL SECURITY NO. | 17. INFORMANT Elizabeth | Pratt (wife) | |
| | | 18. MEDICAL CE | | | |
| 1. DISEASES OR CO | ONDITIONS DIRECTLY | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Immediat | e cause (a) | Multiple third | degree burns | * 1 1001 8001 00 81 61 -000 | inst. |
| Diseases or e | onf cause(s) conditions, if any, the above cause underlying causa last | | | \$45.5000000 Milkantness: 22.428807883050.0 | |
| Conditions contribu | CANT CONDITIONS uting to the death but not see or condition causing deat | h. | | | |
| | | INDINGS OF OPERATION | | | 20. AUTOPSY? |
| 21. EXTERNAL CAL PRIMARY X OR CC CAUSE OF DEATH TIME (Month) | NTRIBUTING OF | CE (Ilome, farm, factory, street, office bldg., etc.) JRY road INJURY OCCURRED | Glenwood, H | oward, Maryla | county) (STATE) |
| OF INJURY 7/30 | | While at Not while work at work | truck ran into | | on fire |
| from: natural | d Autonsy, Inspection of | ins described obove, held an A Inquiry, find that said dece, suicide , homicide , (Degree or title) | Autopsy , Inspection | , Inquiry there ed above, and death | on and from the evidence |
| 23. BURIAL CREM. REMOVAL (Specific Property of Property Control Property C | (y) 18-2-19 | 55 NAME OF CEMETE | RY OR CREMATORY | LOCATION (City, town | o, or county) (State) |
| 23.1955 | 11901. | SIGNATURE | PENERAL DIRECT | Marales - C | Chille, M. |

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0675()

6753 CERTIFICATE OF DEATH

Reg. Dist. No. 194

| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
|--|---|---------------------|
| COUNTY Howard MARYLAND | STATE maruland COUNTY | ry Howard |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) | CITY (If outside comporate limits, write RURAL an TOWN Daylon | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If rural give location) | / |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) Marionie Eggan | (Last) 4. DATE (Month) (Day) OF DEATH: Value 12 | |
| 5. SEX: S. COLOR OR () 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED, 6-1 | OF BIRTH: 9. AGE last birthday: IFONDER 1 VE 6-23 32 yrs. Months Day | AR IF UNDER 24 HRS. |
| Work done during most of working life, even if retired): | Maryland 11. BIRTHPLACE (State or foreign country): 12. C | UNTRY? |
| 13. FATHER'S NAME: Beach | Id. MOTHER'S MAIDEN NAME: | |
| 15 WAS DECEASED EVER IN U.S.ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service) | INFORMANT & ADDRESS: | |
| 18. MEDICAL CERTIFICATI | on U | Interval Between |
| Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (a) DUE TO | f Right Cerebral resul | |
| (e) | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY ? |
| 2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (ST | Yes No No No NATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF INJURY m. Work At Work | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from .2.13. | 1946, to 7-12 1955, that I last | saw the deceased |
| alive on 7-12 , 19.55, and that death occurred at SIGNATURE | ADDRESS | IE SIGNED |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETES REMOVAL (Specify) 7-15-55 | RY OR CREMATORY LOCATION (City, town, or cou | nty) (State) |
| | 24. FUNERAL DIRECTOR | ADDRESS |
| | | |

OBAISO SA

102 JUL 20 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6754

CERTIFICATE OF DEATH

Reg Dist No /9/

| | The state of the s | | | | |
|--|--|--------------------------------------|--|--|--|
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED |); | | | |
| COUNTY HOWARD MARYLAND | STATE M d COUNTY | | | | |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL as | nd give nearest town) | | | |
| OR and give nearest town) X TOWN Elicott City (in this place) Y TOWN Elicott City | TOWN Baltimore | 3 VA1-11 | | | |
| HOSPITAL OR | STREET (If rural give location) | 0,10,10 | | | |
| INSTITUTION OR | 1203 N. Decker Ave. | | | | |
| Shaffer Convalescent Don | | V | | | |
| | | Ony) (Year) | | | |
| (Type or Print) 108 | | 2 19 55 | | | |
| Female 6. COLOR OR RACE: WIDOWED, DIVORCED. 8. DATE WIDOWED, DIVORCED. 4-12- | 9. AGE last birthday IF UNDER 1 Y 1878 77 yrs. Months D | EAR IF UNDER 24 HRS. Rys Hours Min. | | | |
| 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT | | | |
| work done during most of working life. everHouseWife Own Home | 37 | COUNTRY? | | | |
| 13. FATHER'S NAME: | Maryland US | DA | | | |
| John W. Cochren | Turata Dishaudaan | | | | |
| 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY ND. | Lydia Richardson | 1 | | | |
| (Very no or unk) (If Ver give wer or dates | | D 2. | | | |
| | J.R.Soulsby, 1203 Decker Av | re,Balto | | | |
| 18. MEDICAL CERTIFICAT | ION | INTERVAL BETWEEN | | | |
| 1112 \ | ONSET AND DEATH | | | | |
| IMMEDIATE CAUSE (A) Lovelul envlotes auto | | | | | |
| ANTECEDENT CAUSE (8) DIE TO DISEASES OF CONDITIONS IF ANY (B) Styperfersive CV clearers Jys | | | | | |
| | S ym | | | | |
| GIVING RISE TO THE ABOVE CAUSE DUE TO | | | | | |
| (c) | | | | | |
| H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | | |
| 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | N | 20. AUTOPSY? | | | |
| | | YES NO | | | |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact | tory. 21c. WHERE DID (City or town) (Count | y) (State) | | | |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., | ctc. INJURY OCCUR? | | | | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while | 21F. HOW DID INJURY OCCUR? | | | | |
| OF INJURY While at work at work | • | | | | |
| So The Country of the Samuel Country of Coun | 1, 1957, to July 7, 19 50, that I last | ann the donner | | | |
| 22. I hereby certify that I attended the deceased from Work | eli () · | saw the deceased | | | |
| alive on July, 1955, and that death occurred at | | stated above. re signed | | | |
| SIGNATURE | 700 CX) 1 - | 7/3/1.7 | | | |
| | ERY OR CREMATORY LOCATION (City, town, or | //S/J (State) | | | |
| Burial 7-5-1955 Asbury | Port Deposit, M | | | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | FUNERAL DIRECTOR | ADDRESS | | | |
| REGISTRAR 7-1955 John B. Long hean. | (exa / alsraon & Panny 17 | le Md | | | |
| Pu B. E. Z. | | | | | |
| The second secon | 3005 | 724 | | | |

Supply every item of information carefully. The MARGIN RESERVED FOR BINDING PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

-10 - 53A15-33



A STATE OF THE RESIDENCE OF THE STATE OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

6757

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No...

| 1. PLACE OF DEATH. COUNTY Howard | 2. USUAL RESIDENCE (HOME) OF DECEASED. | | | | | |
|---|--|--|--|--|--|--|
| COUNTY Howard MARYLAND | STATE Maryland COUNTY Howard | | | | | |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give nearest town) | | | | | |
| X OR give nearest town) (in this place) X TOWN Guilford | TOWN Guilford X | | | | | |
| HOSPITAL OR | STREET (If rural, give location) | | | | | |
| ON STREET ADDRESS (RAWR, RAW | ADDRESS RSOUS R. 7. D | | | | | |
| 3. NAME OF /(First) (Middle) | (Last) 4. LATE (Month) (Day) (Year) | | | | | |
| (Type or Print) ANN IE SUFER | GF 772 55 | | | | | |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, | S. DATE OF HIRTH 9. AGE last birthday If under 1 year If under 24 hr | | | | | |
| Female White WIDOWED, DIVORCED, (Specify) Single | 2-10-1366 87 yrs. Months Days Hours Mir | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN, OF WHA! | | | | | |
| done during most of working life, even if retired) INDUSTRY, | Baltimore Md COUNTRY? COUNTRY? | | | | | |
| At Home None | 14. MOTHER'S MAIDEN NAME | | | | | |
| | Annie Ashenburner | | | | | |
| Henry D. Suder 15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. | | | | | | |
| (Yes. no. or unknown) I (If yes, give war or dates of | ALIE ADDITION | | | | | |
| No leervice) Nonc | Arthur Kersten, Baltimore, Md | | | | | |
| 18. MEDICAL CE | | | | | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADINGATO DEATH | INTERVAL BETWEE | | | | | |
| 3314 | | | | | | |
| Immediate cause (a) Unetract / y | aemorno e | | | | | |
| Immediate cause | Than | | | | | |
| Antecedent cause(s) | egic | | | | | |
| Diseases or conditions, if any, (b) | ************************************** | | | | | |
| atating the underlying cause last | | | | | | |
| (c) | | | | | | |
| 11. OTHER SIGNIFICANT CONDITIONS | | | | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? | | | | | |
| AND DATE OF OTHER PROPERTY. | | | | | | |
| ACCUPATION OF THE PROPERTY OF | Yes No [| | | | | |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet, OF office bidg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) (STATE) | | | | | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY QCCUR? | | | | | | |
| OF INJURY m. While at Not While Work At work | // / | | | | | |
| | | | | | | |
| 22. I hereby certify that I attended the deceased from | 5.519 to 7.71.2.7.5195 that I last saw the deceased | | | | | |
| | 4 | | | | | |
| SIGNATURIY (Degree of title) | (ADDRESS DATE SIGNED | | | | | |
| SIGNATURE A STATE OF THE STATE | | | | | | |
| shankshully, M.D. Havaro M. 1/13/C. | | | | | | |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CENETERY OR CREMATORY LOCATION (City, town, or county) (State) | | | | | | |
| REMOVAL (Specify) 7-14-55 Christ Church Guilford, Md. | | | | | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS | | | | | | |
| REG. 7/13/55 Mark Shipley F.C. Higinbothom, Ellicott City, Md | | | | | | |
| | | | | | | |
| | | | | | | |

The correct age M PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

IN SO 1022

BUREAU V. &